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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/560,065			ing Date 08/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN	
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))		or (c))	N/A		N/A	1	N/A		1	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))		or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FEE (37 CFR 1 16(a), (p), or (q))		N/A		N/A		N/A			N/A	
TO1 (37	FAL CLAIMS CFR 1 16(i))		minus 20 =			1	X \$ =		OR	X \$ =	
	EPENDENT CLAIN CFR 1.16(h))	IS	m	inus 3 = *		1	X \$ = 1		1	X 8 =	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of praction thereof. See 35 U.S.C. 4.1(91/16) and 37 OFR 1.16(s).					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						ı			]		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN LL ENTITY
AMENDMENT	02/22/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.16())	· 39	Minus	·· 61	= 0		x s =		OR	X \$52=	0
z	Independent (37 CFR 1.16(h))	• 1	Minus	<b></b> 3	= 0	l	x s =		OR	X \$220=	0
√ME	Application Size Fee (37 CFR 1.16(s))					]					
<b> </b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-		X \$ =		OR	X 8 =	
Δ	Independent (37 CFR 1 16(h))		Minus	***	-	]	X \$ =		OR	X \$ =	
Π̈́	Application S	ize Fee (37 CFR 1	16(s))			l			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					l			OR		
									OR	TOTAL ADD'L FEE	
*If the entry in column 1 is less than the entry in column 2, write "01 in column 3. Legal Instrument Examiner:  *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the light number tound in the appropriate box in column 1.											

into consciond information is required by 3 of Let 1. 16. The findmand is required to doctand or feature a developed public window in a let and by the Public process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CHI. 14. This condition is estimated to late 2 intendes to one project, including gathering, preparing, and submitting the completed application form to the USPTO. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cell eliteration (10. Elit and and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2231-0. DN OT SEND, TESS OR CONFILEED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2231-31-350.